# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: AGAPE 4 GREENFIELD (410044)

Address: 343 E GREENFIELD ST, APPLETON, WI 54911

**License Status: REGULAR** 

Licensed/Certified/Registered 02/24/1989

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

#### **Survey History**

Survey ID: 0094505 End Date: 03/30/2005 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 01/26/2005 Date Investigation Completed: 04/08/2005

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED